

ACORD CERTIFICATE OF LIABILITY INSURANCE

CSR SB
MOTORCA

DATE (MM/DD/YY)

PRODUCER
Diversified Insurance Brokers
of Utah, Inc.
136 E. South Temple, Ste 2300
Salt Lake City UT 84111

Susan Q. Bird
Phone No. 801-325-5000 Fax No. 801-532-2804
INSURED

Motor Cargo
P.O. Box 2351
Salt Lake City UT 84110

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A The Travelers Indemnity Co.

COMPANY
B

COMPANY
C

COMPANY
D

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|--------|---|-------------------|----------------------------------|-----------------------------------|------------------------------------|
| A | GENERAL LIABILITY | 7XMTU279T724-8-98 | 04/01/98 | 04/01/00 | BODILY INJURY OCC \$ |
| | <input checked="" type="checkbox"/> COMPREHENSIVE FORM | | | | BODILY INJURY AGG \$ |
| | <input type="checkbox"/> PREMISES/OPERATIONS | | | | PROPERTY DAMAGE OCC \$ |
| | <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD | | | | PROPERTY DAMAGE AGG \$ |
| | <input type="checkbox"/> PRODUCTS/COMPLETED OPER | | | | BI & PD COMBINED OCC \$ 2,000,000. |
| | <input type="checkbox"/> CONTRACTUAL | | | | BI & PD COMBINED AGG \$ |
| | <input type="checkbox"/> INDEPENDENT CONTRACTORS | | | | PERSONAL INJURY AGG \$ |
| | <input type="checkbox"/> BROAD FORM PROPERTY DAMAGE | | | | |
| | <input type="checkbox"/> PERSONAL INJURY | | | | |
| A | AUTOMOBILE LIABILITY | 7XMTU279T724-8-98 | 04/01/98 | 04/01/00 | BODILY INJURY (Per person) \$ |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | |
| | <input type="checkbox"/> ALL OWNED AUTOS (Private Pass) | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS (Other than Private Passenger) | | | | |